

PART B - FEE(S) TRANSMITTAL



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24024 7590 02/23/2006

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Terri M. Sasser	(Depositor's name)
<i>Terri M. Sasser</i>	(Signature)
3-7-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10762,977	01/22/2004	James H. Molnar	12873.04735	6112

TITLE OF INVENTION: WHEELCHAIR SUSPENSION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/23/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
CAMPBELL, KELLY E	3618	180-065100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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 2 Calfee, Halter &
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Invacare Corporation

Elyria, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

3/7/06

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45,115

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